

STATE OF NEVADA
BOARD OF PSYCHOLOGICAL EXAMINERS
4600 Kietzke Lane, Bldg B-116 • Reno, NV 89502 • (775) 688-1268
NBOP@govmail.state.nv.us

APPLICATION FOR CERTIFIED AUTISTIC BEHAVIOR INTERVENTIONIST
Please use the proper statutes, Regulations, information and Attached instructions in completing this application

USE TYPEWRITER OR PRINT LEGIBLY IN INK

Use additional sheets as necessary; number sheets consecutively; code responses to questions by number

1.00 PERSONAL DATA				1.01 Application Date		1.03a U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	
1.02a Last Name, First Name, Middle Initial							
1.02b Maiden Name (if applicable)			1.04a Sex		1.04b Social Security #		
1.05 Home Address		1.06 City		1.07 State	1.08 Zip	1.09 Phone ()	
1.10 Business Address		1.11 City		1.12 State	1.13 Zip	1.14 Phone ()	
1.14 Date of Birth		1.16 Birthplace		1.17 Email Address			
1.18 Name of Supervisor/ Company responsible for supervision:							
2.00 EDUCATION AND TRAINING							
High School/ University/College	Address	Dates Attended	Department/College	Major	Degree		
2.01.1	2.01.2	2.01.3	2.01.4	2.01.5	2.01.6		
2.02.1	2.02.2	2.02.3	2.02.4	2.02.5	2.02.6		
2.03.1	2.03.2	2.03.3	2.03.4	2.03.5	2.03.6		
3.00 TRAINING/EXPERIENCE QUALIFYING ME TO PROVIDE SPECIFIC SERVICES TO CERTAIN POPULATIONS							
Population		Service			Training Experience		
3.01.1		3.01.2			3.01.3		
3.02.1		3.02.2			3.02.3		
3.03.1		3.03.2			3.03.3		

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4.00 PERSONAL/PROFESSIONAL CONDUCT HISTORY				YES	NO
4.01 Is there currently or has there ever been any investigation or action taken against you for any ethical, moral, legal or malpractice action?					
4.02 Have you ever pled guilty or nolo contendere or been found guilty, convicted, or held liable in any moral, ethical, legal, or malpractice action?					
4.03 Have you ever had a professional license, registration, certification or credential denied, restricted, suspended, censured or revoked in any jurisdiction for any profession?					
4.04 Have you ever relinquished responsibilities, let your license lapse, resigned a position or been fired due to an action pending or threatened?					
4.05 Have you ever resigned or been terminated from a professional organization or surrendered a license while a complaint against you was being investigated or pending?					
4.06 Have you ever been notified by any state, territory, district, country, U.S. government agency , or state certification/licensing board of any complaint filed against you relative to the practice of behavior analysis (including, but not limited to, any allegations currently pending)?					
4.07 Have you ever been convicted of, or pled guilty or nolo contendere, to a violation of any federal or state statute, or any city or county ordinance, or any law of a foreign country? (This includes misdemeanors and felonies and includes convictions subsequently dismiss and deferred judgment. Exclude minor traffic violations only.)					
4.08 Are you subject to a court order for the support of one or more children and <u>not</u> in compliance with the order or with a repayment plan approved by the public agency authorized to enforce the order?					
4.09 Are you required to register as a sex offender?					
4.10 Have you ever suspended, disqualified, censured or disciplined as a member of any professional organization?					
4.11 Have you ever been dismissed from or asked to resign from any education, training or employment due to negligence professional misconduct or academic dishonesty?					
4.12 Have you ever been subject to review and/or action by the ethics committee of any professional organization?					
4.13 Explain any "YES" answers here. (Attach separate page if needed)					
5.00 PROFESSIONAL EMPLOYMENT- Start with the most recent. (if applicable)					
From Mo/Yr – To Mo/Yr	Institution	Address	Supervisor		
5.01.1	5.01.2	5.01.3	5.01.4		
5.02.1	5.02.2	5.02.3	5.02.4		
5.03.1	5.03.2	5.03.3	5.03.4		
6.00 REFERENCES from three (3) persons knowledgeable of your fitness to practice as an Autism Behavior Interventionist.					
Name	Relationship	Address-Street	City/State/Zip		
6.01.1	6.01.2	6.01.3	6.01.4		
6.02.1	6.02.2	6.02.3	6.02.4		
6.03.1	6.03.2	6.03.3	6.03.4		

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I agree that my name may be published as an applicant for licensure in the State of Nevada. I affirm, under penalty of perjury, that all of the information supplied herein is to the best of my knowledge true, accurate and complete and that I have not withheld, misrepresented or falsely stated any information relevant to my training and experience or fitness to practice as a Behavior analyst. I authorize the exchange of any and all information concerning any and all complaints adjudicate, stipulated or pending against me with the licensing boards and professional associations. I understand such complaints may constitute grounds for disciplinary action by the board.

<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">7.00</div> <div style="text-align: center; margin-top: 100px;">Affix Photo Here</div>	<div style="border: 1px solid black; width: 100%; height: 30px; background-color: #cccccc; margin-bottom: 20px;"></div> <div style="text-align: center; margin-bottom: 20px;">8.00</div> <div style="text-align: center; margin-bottom: 20px;">_____ Signature of Applicant</div> <div style="text-align: center;">Date: _____</div>
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State of _____

County of _____

(Notary Stamp)

Signed and sworn to (or affirmed) before me on (Date) _____

By _____
Name of Person making statement

Signature of Notary